

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

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Order Party: Name, Address and Telephone Number

Name Ambac Assurance Corporation

Firm Arent Fox LLP

Address 1675 Broadway

City, State, Zip New York, NY 10019

Phone 212.484.3900

Email mark.angelov@arentfox.com

Case/Debtor Name: City of Detroit, MI

Case Number: 13-53846

Chapter: 9

Hearing Judge _ Hon. Steven Rhodes

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: _____

Hearing Information (A separate form must be completed for **each** hearing date requested.)

Date of Hearing: 04/02/2014 **Time of Hearing:** 9:00am **Title of Hearing:** DIP FINANCE ORDER ETC

Please specify portion of hearing requested: ☒ Original/Unredacted ☐ Redacted ☐ Copy (2nd Party)

☒ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: Please send to miranda.perkins@arentfox.com; mark.angelov@arentfox.com

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/s/ Mark Angelov _____ Date: 4/24/2014

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